Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL036031 12/10/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **850 MAJESTIC COURT WELLINGTON HOUSE** GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} This report is of a Followup Survey done by Bob Getchell and Ed Miller on December 10, 2015. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. {C 111} Must Have Current San. & Fire Safety Reports {C 111} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, interview with Executive Director, and Maintenance Contractor, the facility failed to maintain, a current (completed within the last twelve months) annual inspection report(s) required. Followup Findings on December 10, 2015: a. Records indicate that the last Sprinkler Inspection and Testing report in accordance with NFPA 25 was performed in April 29, 2014. {C 133} Bathrooms-Hand Grips {C 133} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MULTIPL	E CONSTRUCTION	(V2) DATE	QUDVEV	
` '		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: 01				
			D. WING		R	
		HAL036031	B. WING		12/1	0/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VA/E1 1 INI/	OTON HOUSE	850 MAJE	STIC COUR	Т		
WELLING	GTON HOUSE	GASTONI	A, NC 28054	1		
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{C 133}	Continued From pa	ge 1	{C 133}			
	accessible to reside	onto:				
	accessible to reside	::iis,				
	This Rule is not me	et as evidenced by:				
		rvation, the facility failed to				
		des, tubs and showers are				
	equipped with stabl	e hand grips.				
		on Dectember 10, 2015:				
	a. There was a loose hand grips (grab bar) at the, tub in the Spa near Bedroom 61.					
	the, tub in the Span	lear bedroom or.				
{C 135}	Bathrooms-Not to E	Be Utilized for Storage	{C 135}			
	SECTION .0300 - F					
	10A NCAC 13F .03 ENVIRONMENT	US PHISICAL				
		nts for bathrooms and toilet				
	rooms are:					
		rooms and bathrooms shall				
		torage or purposes other than				
	those indicated in It	em (4) of this Rule;				
	This Rule is not me	et as evidenced by:				
		rvation, the facility failed to				
		t toilet rooms and bathrooms				
		storage or purposes other than				
	those indicated in ru	ule.				
	E " E "	B 1 40 0015				
		on December 10, 2015:: being used as storage of mop				
	buckets, mops, and					
	buokets, mops, and	Tota anty farmate.				
{C 160}	Outside Premises-0	Clean, Safe	{C 160}			
	SECTION .0300 - F	PHYSICAL PLANT				
	10A NCAC 13F .03					
	ENVIRONMENT					
		nts for outside premises are:				
	(1) The outside gro	ounds of new and existing				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	01	COMPLETED		
	HAL036031		B. WING		R 12/10/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WELLING	GTON HOUSE		STIC COUR			
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{C 160}	Continued From pa	ge 2	{C 160}			
	facilities shall be ma condition;	aintained in a clean and safe				
	This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition.					
	b. A wooden boar	on December 10, 2015: d with 4 large nails pointing up building in the Courtyard.				
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.					
	This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply.					
	Followup Findings on December 10, 2015: b. The bath tub in the Spa near Bedroom 61 had a hose long enough to reach gray water that was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.					
	2. Based on Obse	rvation, the facility failed to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED			
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HAL036031		B. WING		12/10/2015			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY. S	STATE, ZIP CODE	_		
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WELLING	GTON HOUSE		A, NC 28054				
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{C 164}	Continued From pa	ge 3	{C 164}				
	have walls, ceilings, and floors or floor coverings, kept clean and in good repair.						
		on December 10, 2015: edroom 48 had a stain and two					
{C 166}	Housekeeping-Maintained Free of Hazards		{C 166}				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND					
	This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards.						
	The return HVAC at radiation dampers h	on December 10, 2015: nd ventilation grilles and their nave an excessive st/lint in the following					
	equipment was not	vation, the Building plumbing maintained in a safe manner y working or installed parts.					

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HAL036031		B. WING		12/1	0/2015		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
WELLING	GTON HOUSE		STIC COUR A, NC 2805				
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{C 166}	Continued From pa	ge 4	{C 166}				
	Followup Findings on December 10, 2015: a. The connection of the commode to the floor was loose in the right Spa.						
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.						
	This Rule is not met as evidenced by: 3. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly.						
	Followup Findings on December 10, 2015: a. In the Dining Room ,the emergency lights for the wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed.						
	maintained in a safe because the fire spi impaired, exposing that could allow the	vation, the Building was not e and operating condition, rinkler escutcheon plates were openings through the ceiling passage of smoke and heat.					
	Followup Findings on December 10, 2015: a. The fire sprinkler escutcheon plate had						

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{C 189}	Continued From pa	ge 5	{C 189}				
, ,	•		,				
	Mech Room near B	the ceiling in the exterior edroom 45.					
	maintained in a safe because breaches	vations, the Building was not e and operating condition, through the d construction invalidated its					
	Followup Findings on December 10, 2015: a. Unprotected ceiling penetration around commercial kitchen hood's fire extinguishing systems pipes/conduits in Kitchen.						
	9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force.						
	Followup Findings on December 10, 2015: a. The Living Room door had its latch bolt installed backwards and the door would not latch.						
{C 199}	Exhaust Ventilation		{C 199}				
	provided with exhautwo cubic feet per nequirement does n	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces:					

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(C 199) Continued Fro	m pa	ge 6	{C 199}			
(4) housekee (5) laundry a (k) This Rule facilities with which shall not the This Rule is 1. Based on failed to main working order Followup Find a. The exhall not remove the Men's Visitors	oing of the control o	apply to new and existing apply to new and existing apply to new and existing apply to existing facilities. Let as evidenced by: L	{C 199}			

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